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LOCUS OF CONTROL AND ADJUSTMENT IN ELDERLY RESIDENTS OF A NURSING HOME

by

© THOMAS FRANK LIPINSKI

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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E. E. Dyer
Supervisor

W. Hague

J W Vargo

DATE Dec 14/74.

DEDICATION

This thesis is dedicated to my father and mother, who have always been a source of inspiration and encouragement.

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ABSTRACT

Five variables related to aspects of the psychological situation of elderly persons in a nursing home setting were examined. The variables were locus of control, developmental task adjustment, quality and quantity of external contacts, happiness and assertion and the degree of personal involvement or "say" in being admitted. Sixty-three residents ranging in age from 65 to 91 were split into three subgroups on the basis of their own contribution to their admission to the nursing home. The three groups (e.g. No Say, Some Say, and All Say) were then tested for Locus of Control and Adjustment. It was determined that the more "say" the person had in his institutionalization, the more likely that person was to exhibit an internal locus of control and have a higher level of developmental task adjustment.

Additional findings were that locus of control was positively related to adjustment, and to quality and quantity of external contacts. Developmental task adjustment, however, was related to quality and quantity of external contacts.

Nurses' ratings of happiness was found not to be directly related to locus of control. However, the nurses' ratings of assertiveness in the subjects was found to be positively related to locus of control. That is, an internal locus of control was likely to be coupled with greater perceived assertiveness. Implications for further research and for practical purposes were discussed.

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To my wife, Virginia, and my son, Kenneth, I must say thanks for your love and for helping me keep my sense of humor.

CHAPTER I

INTRODUCTION

> Oh, I can't stand it. There's no one to talk to except all these sick, old people. There's nothing to do. The food is terrible and the nurse is never around when you need her. There's nothing I can do. If only I could leave ...
>
> Mrs. X

> Yes, I have everything I want here. There are nurses who provide good service. I have a roof over my head and friends and the food's not too bad. I try to keep busy and I can visit my family on weekends. It's not too bad a life here at all. I'm glad I got in here.
>
> Mrs. Y

The preceeding commentaries serve to illustrate different, yet common statements made by residents in a nursing home. How might elderly individuals who make such statements be understood?

Understanding the aged individual has taken various forms of investigation in the last twenty years. Research into aspects of self-concept (Bloom, 1961; Riley and Forner, 1968; Hess and Bradshaw, 1970; Czaja, 1975; Monge, 1976), introversion-extraversion (Heron and Chown, 1967; Gutman, 1966), disengagement theory (Cumming and Henry, 1961; Neugarten, Havighurst and Tobin, 1968; Neugarten, 1973) and locus of control (Kuypers, 1971; Wolk and Kurtz, 1975; Wolk, 1976; Reid, Haas and Hawkings, 1977) are to name but a few of the major research thrusts.

The purpose of this study was to contribute to the emerging research in the area of internal versus external control of reinforcement (locus of control) as it has been applied to research with the

aged. For the most part, Rotter's (1966) locus of control dimensions and more refined aspects of his instrument (the I-E scale) have been paired in research with aspects of coping ego function (Kuypers, 1971), personality orientations of dominance, tolerance, social-ability, intellectual efficiency and well-being (Hersch and Scheibe, 1967), aspects of activity; physical social and intellectual (Bradley and Webb, 1976); situational constraints and life satisfaction (Wolk, 1976); self-concept (Reid, Haas and Hawkings, 1977); death anxiety (Nehrke, Bullecci and Gabriel, 1978), and adjustment (Wolk and Kurtz, 1975).

In general, research with the aged which paired locus of control dimensions with the previous mentioned variables has not been abundant. Even fewer studies have considered the aged who live in nursing homes. The research in this much neglected area has paired locus of control dimensions with variables such as situational constraint and adjustment (Wolk, 1976); positive self-concept (Reid, Haas and Hawkings, 1977); adjustment (Felton and Kahana, 1974); death anxiety (Nehrke, Bellucci and Gabriel, 1978); and general anxiety (Queen and Freitag, 1978).

In this present research the area concerned with aspects of adjustment and locus of control was isolated for investigation.

In focusing on this area a number of relevant observations were made. Firstly, no studies attempting to relate aspects of adjustment and locus of control have utilized a clearly defined group of elderly from a nursing home. Secondly, those studies which did utilize institutionalized (homes, retirement villages, etc.) elderly, seemed to 'lump' subjects together as a homogeneous group when in fact many

various kinds of groups based on, for example, aspects of health or how much control was exercised on the decision to be 'institutionalized', could exist in an institution. Thirdly, only one study fully considered Rotter's (1975) criticism that his I-E scale was only a "broad gauge instrument" that did not allow for high prediction in specific situations and that researchers were not considering the value the subject placed on the reinforcement which he may or may not expect to control. Fourthly, this researcher felt that whereas correlating aspects of adjustment, self-concept, life satisfaction or other variables could provide definite degrees of insight into personality and aging, additional more specific information such as the 'quality and quantity of external contacts' (whether they have friends or family who would visit or perhaps take them on outings) would lend more depth to understanding the dimensions of locus of control in relation to personality variables, and the psychological situation.

The aforementioned observations led to a definite purpose to this research. The study attempted to integrate four basic themes:

1. To clearly define an institutionalized sample of elderly people, based on how much "say" they had in becoming a resident in a nursing home.

2. To apply a modified locus of control instrument, one which attempted to meet Rotter's (1975) request for more situational specificity, relevance and consideration of the value of reinforcement contingencies.

3. To add more understanding of internal versus external expectancy for control of reinforcement by querying each resident's

level of isolation (psychological situation) within the institution with respect to their quality and quantity of external contacts.

4. To relate the aforementioned variables of locus of control and quality and quantity of external contacts to an index of 'adjustment' in an attempt to gain a degree of understanding of elderly individuals like Mrs. X and Mrs. Y; residents of a nursing home.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

The following is a review of the relevant literature. Locus of control as a general theoretical concept and as a specific research instrument is discussed. Additionally, the concept of adjustment as it has been applied relative to locus of control research will be reviewed. The concept of quality and quantity of external contacts of residents in a nursing home will be discussed, both as an original extension of previous research and thought and with respect to its relationship to locus of control dimensions. The "group determiner" will be discussed and reviewed with respect to it's relationship to past research and to the central focus of this present research. Lastly, the hypotheses of this study will be presented.

Locus of Control

Rotter (1975) indicated that, "The concept of internal versus external locus of control of reinforcement developed out of social learning theory" (p.56). While it is not the purpose of this review to outline the emergence of social learning theory and the subsequent delineation of the locus of control dimensions (internal versus external control of reinforcement) brief comment and definition will serve to orient one towards more detailed discussion of relevant locus of control research.

Rotter (1975) described social learning theory as:

> ... a molar theory of personality that attempts to integrate two diverse but significant trends in American psychology -- the stimulus response or

> reinforcement theories on the one hand and the cognitive, or field theories on the other ... There are four classes of variables in social learning theory: behaviors, expectations, reinforcements, and psychological situation. (p. 57)

Locus of control was defined by Rotter (1966) as follows:

> When a reinforcement is perceived by the subject as following some action of his own but not being entirely contingent upon his action, then, in our culture, it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him. When the event is interpreted in this way by an individual we have labelled this a belief in external control. If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control. (p. 1)

Rotter (1975) estimated that in the last 15 years over 600 studies utilized, "some aspect of internal versus external control of reinforcement (sometimes referred to as locus of control')" (p.56).

The original and much used locus of control instrument; the Rotter Internal-External (I-E) Scale (1966) was, "developed on college students. It consisted of 23 items and 6 filler items that samples widely four different life situations where locus of control attitudes might be relevant to behavior" (Rotter, 1975, p.62).

With respect to the application of locus of control measures with elderly subjects, Wolk and Kurtz (1975) have suggested that:

> The saliency of the effectance dimension of locus of control for a population such as the aged appears to be twofold: the personal and social importance of perceived control over one's life at a time when such control appears to be prominent and the relevance of many of the behavioral correlates established in younger populations, reflective of an attempt at successful control and mastery in life. (p.173)

In a similar vein, Felton and Kahana (1974) note with reference to research by Palmore and Luikart (1972) that "attempts to delineate determinants of successful aging, indicate that perceived locus of control has fairly substantial explanatory power" (p.295). Felton and Kahana (1974) also observed that, "Rotter's (1966) characterization of internally controlled individuals as more striving, more self confident, and less anxious and apathetic than externals has largely been upheld in studies with older people" (p.295).

In general, there appears to be agreement that locus of control theory and its empirical application is a viable method of research in studying elderly subjects.

In broadening the scope of this review, it is necessary to focus on two basic areas of research; correlative studies of locus of control with non-institutionalized and institutionalized elderly. This focus will aid in the delineation of the basic problems investigated in this present research.

Studies With Non-institutionalized Elderly

Until 1974 (Felton and Kahana, 1974) application of locus of control dimensions in research with the elderly had only considered non-institutionalized elderly. The purpose of reviewing research studies which utilized non-institutionalized elderly is twofold. Firstly, understanding the non-institutionalized elderly in terms of locus of control and other variables can be useful in attempting to understand, through comparison, the institutionalized elderly. Secondly, the scope and general methodology of viewing the elderly in terms of locus of control variables can be presented.

The initial application of locus of control dimensions to study the elderly was conducted by Kuypers (1971). Kuypers found, in studying non-institutionalized elderly, that those elderly who had a greater sense of internality (personal control) also demonstrated more positive coping strategies. In summarizing his results, Kuypers (1971) indicates that:

> ... those who experience an internal (as opposed to an external) locus of control of reinforcement are more coping (flexible, purposive, open), less defensive (compelled, channeled, distorting) cognitively more complex, differentiated, sensitive, and intellectually superior. (p.168)

In a similar vein, Palmore and Luikart (1972) found non-institutionalized elderly who were more internal in their orientation to be more satisfied with their lives in general. Wolk and Kurtz (1975) found in their study of non-institutionalized elderly that a sense of internality was related to indices of positive adjustment and involvement.

The relationship of internally perceived control to positive types of behavior was again demonstrated in research by Bradley and Webb (1976). In their study, locus of control was considered relative to three areas of activity: physical, social and intellectual. A positive relationship was observed between internality and in this case, higher levels of activity.

In general, it could be observed that research which involved non-institutionalized elderly found that those with a more internal orientation also exhibited other "positive," adaptive types of characteristics. Wolk (1976) suggested that, "the general conclusion that has been drawn is that internal locus of control is correlated

with a more positive life style and leads to a higher level of adaptation to the environment." (p.420)

In reviewing selected research on locus of control with respect to non-institutionalized elderly, two basic observations can be made:

1. Approximately five or six studies have attempted to understand non-institutionalized individuals in terms of locus of control. Therefore, it could be stated that a paucity of information exists.

2. Internality has been related to positive types of behavior.

After considering the research which was conducted on non-institutionalized elderly this researcher asked the question, "Can internally oriented institutionalized elderly individuals and more specifically nursing home residents, also be characterized by positive adaptive type behaviors?" Possible answers to this question were found in reviewing the locus of control literature dealing with institutionalized elderly.

Studies with Institutionalized Elderly

It has only been in the last five years that locus of control research has investigated institutionalized elderly. Before reviewing relevant studies it is useful to submit a number of basic observations in this area.

1. Approximately six studies have investigated the institutionalized elderly.

2. Most studies have utilized different aspects and modifications of Rotter's (1966) I-E Scale.

3. Different 'types' of institutionalized elderly have been studied. These included, for example, residents from nursing homes,

and retirement type villages.

With the aforementioned observations kept in mind, a critical review and analysis of relevant locus of control research can be undertaken.

The initial application of locus of control theory and research on institutionalized elderly was conducted by Felton and Kahana (1974). Applied, "were a series of nine hypothetical problems, which were considered to be typical of congegate living conditions" (p.295). They indicated that in their study, "locus of control is viewed in it's situational contexts, especially as these reflect the potential for real control over the environment in the institutionalized setting" (p.295).

The sample population utilized consisted of 124 residents of three homes for the aged. Thirty residents were from a commercial nursing home, "catering primarily to those able to pay the cost of care" (p.296), and forty-four subjects came from, "a non-profit professional home for Jewish elderly" (p.296). In addition, 50 subjects were drawn from a "church related nonprofit Protestant home" (p.296). Ages of subjects ranged from 55 to 97 years with a mean age of 79.

The nine hypothetical problems chosen, "represented the problems of monotony, privacy, conformity, emotional expression, activity, environmental ambiguity, affective intensity, motor control and autonomy" (p.296). Locus of control was determined relative to responses given to problem situations. In the area of emotional expression, for example, the problem situation was: "A lady here has been feeling weak and upset lately. Who should she talk to about her

problem?" Responses were classified as to who constituted locus of control; self, staff, family, friends or others. Perceived locus of control was eventually recoded, into three categories: self, staff and others. The perceived locus of control was then correlated with four indices, including: staff rated satisfaction, staff rated adjustment, morale and indices or self-rated satisfaction. These four indices constituted the variable of adjustment.

In summarizing their results, Felton and Kahana (1974) indicate that:

> The hypothesis that locus of control would relate positively to adjustment was upheld in four hypothetical situations. These included problems relating to environmental ambiguity, autonomy, emotional expression, and privacy. In five of the six significant relationships, externality rather than internality was found to internally relate to good adjustment. (p.295)

In the aforementioned study by Felton and Kahana (1974) four basic observations and questions could be formulated:

1. Internality was not clearly established in its relationship with other positive type characteristics of adjustment. Why is this so?

2. Three different institutional settings were utilized and the subjects referred to as institutionalized. Is it possible that subjects within each setting were also somehow different?

3. The instrumentation used was very different from Rotter's (1966) I-E Scale. Is it possible that this difference affected their results?

Before addressing these issues, other locus of control studies will be reviewed. Each review of each relevant study will be followed by basic observations or questions. These observations and questions

will be considered in subsequent sections of this total review.

In an investigation of what could be called a "semi-institutionalized" population, Wolk (1976) researched the hypothesis that, "the degree of situational constraint imposed by an environment mediates the relationship between locus of control and adjustive behaviors and attitudes" (p.420).

In this study, two settings were selected which represented degrees of "situational constraint". In fact, setting one (low situational constraint) was a, "local settlement of a national retirement type village" (p.422). Individuals lived in separate dwellings which were organized as subcomplexes of buildings and residents were required to meet all their own basic needs. Setting two (high situational constraint), "represented as a typical nonsectarian 'retirement home'." (p.422) Each resident had their own room and all basic needs were met by staff and administration. It was reported that the 166 subjects, 96 from setting one and 70 from setting two, were not substantially different in characteristics such as age, education, sex or health status.

In utilizing a modified locus of control instrument developed by Nowicki and Duke (1974) and instruments reflecting life satisfaction, adjustment, self concept, activity level and perceived environmental constraint it was found that:

(a) the level of internal control across subjects related to the nature of the settings in which subjects were currently residing;

(b) subjects in the low constraining environment believed in internal control similar to college-age samples, where as those in the high-constraining setting believed much more strongly in external control;

(c) expectancy for internal control correlated with developmental adjustment, satisfaction, positive self concept, and maintenance of activity only in the low-constraining setting. (p.420)

In this research it could be observed that:

1. A modified locus of control instrument which was relevant for use with the aged was used. This instrument did not meet all of Rotter's (1975) suggestions for locus of control research improvement. Rotter's (1975) suggestions will be considered in detail in a subsequent section of this review.

2. This study did not consider the variable of economics as a possible contributing factor in resident responses.

Research by Reid, Haas and Hawkings (1977) investigated the relationship between locus of control and self-concept. In two separate studies, positive self concept was found to correlate with a belief in internal locus of control.

In the first study, 60 residents from a home for the aged were utilized. Residents were from both standard care and nursing care units. In the second study, 78 subjects were from six different 'homes for the aged' and 65 subjects lived independently in their own houses or apartments.

Observed in this research were the following relevant points:

1. The modified locus of control instrument used, attempted to meet all of Rotter's (1975) suggestions for more accurate and relevant research.

2. No attempt was made to further delineate the group utilized. Can greater focus be applied to a sample group of subjects in an attempt to more fully understand that group in terms of the applied instrumentation?

In a study investigating the relationship of death anxiety, locus of control and life satisfaction, Nehrke, et. al. (1978) utilized Rotter's (1966) I-E Scale. Twenty males and 20 females from each of three residential settings were selected; "general community, public housing, and nursing homes" (p.359). In summarizing their results, it was indicated that the relationship of, "internal control, high life satisfaction and low death anxiety was supported only in the public housing data" (p.359).

In this study, it can again be observed that an internal orientation is related to positive adaptive characteristics. In addition, it can be noted that Rotter's (1966) I-E Scale was used.

In a recent study by Queen and Freitag (1978), the relationship between locus of control, anxiety and life satisfaction was investigated in light of "environmental factors ... in two distinct elderly (60-95 years old) populations -- 20 nursing home residents and 20 active elderly" (p.71). In summarizing their results, they state that, "the active elderly were significantly more internal, showed significantly higher life satisfaction and reported significantly less anxiety than the nursing home population" (p.71).

Relevant observations with respect to this study include:

1. Internality is related to positive characteristics such as high life satisfaction and less anxiety.

2. The study showed evidence for a significant difference between a nursing home population and a 'non-institutionalized' population. The study did not 'clarify' the nursing home sample. Were they long term residents? How inactive were the residents of the nursing home in comparison to the 'active' elderly sample?

In the preceding paragraphs a number of research findings, in the area of locus of control as it has been applied to 'institutionalized' elderly were summarized. In addition, general observations regarding instrumentation, sample selection and clarification, and general conclusions or findings were noted. Following many of these observations were questions posed by this researcher.

These observations and questions will now be discussed with respect to relevant theoretical issues concerning locus of control and in terms of the purpose of this present research.

In general, three basic observations could be noted.

Firstly, all but one of the reviewed studies found a positive relationship between an internal locus of control orientation and aspects of positive life satisfaction, adjustment, low anxiety, and low death anxiety. It could be argued that for the most part these findings are consistent with similar research conducted with non-institutionalized elderly and other age cohorts.

Secondly, the studies which utilized nursing home residents did not clearly define that group past the 'usual' demographic variables of age, sex, marital status, education and health status.

Thirdly, only one study fully attempted to meet Rotter's (1975) recommendations for improvement of locus of control research.

In considering these observations in light of Rotter's (1975) critique of locus of control research it is important to outline what Rotter (1975) felt were three basic difficulties in conceptualizing the construct of locus of control.

1. ... the most frequent conceptual problems on the part of a number of investigators is the failure to treat reinforcement values as a separate variable.

2. A second problem is that of specificity-generality. This seems to be a particular problem for those people concerned with predicting achievement behavior or performance in achievement situations. There seems to be a persistent effort to obtain highly accurate and reliable predictions of achievement behavior by the use of a generalized expectancy for internal versus external control. While this appears the face of it, to be reasonable it becomes less reasonable the more structured, the more familiar and the more unambiguous a particular situation is.

3. The third problem is conceptualization in the intrusion of the "good guy - bad guy"dichotomy. In spite of fears, and even warning to the contrary, some psychologists quickly assume that it is good to be internal and bad to be external. (p. 59-60)

With respect to these basic criticisms, of which numbers one and two are of most relevance to this present research, Rotter clearly called for more deliberate implementation of modified internal versus external control of reinforcement instrumentation. Rather than finding a sample, for example, a nursing home, and applying the 1966 Internal versus External Control of Reinforcement Scale, (I-E Scale), Rotter strongly urged researchers to modify the measure of locus of control to make items situation specific (in the case of the examples, relevant to a nursing home environment) and to take into account, by necessity, the reinforcement value of the orientations described by the instrument items. If these conditions were met, Rotter (1975) suggested that a more realistic idea of an individual's perceived locus of control could be estimated.

Given Rotter's (1975) concerns it could be argued that, for the most part, research utilizing aspects of the 1966 I-E Scale has not established a clear understanding of the relationship of locus of control and other variables for that age group.

Of the studies reviewed only one fully considered Rotter's

suggestions and concerns. Reid, Haas and Hawkings (1977) designed a locus of control instrument which attempted to address Rotter's (1975) recommendations for improvement. They indicated that, "personality measures should take into consideration such characteristics as the age of the respondents, the specific psychological situations in which the personality variables should apply and the importance the respondent places on the variable being measured" (p.442).

Reid, Haas and Hawkings (1977) described their instrument, as

> ... a measure of generalized expectancies, (in that) it was to be more situationally specific and at the same time more directly related to the everyday lives of elderly residents of homes for the aged ... An additional improvement was the inclusion of a separate rating of the desirability or reinforcement values of the outcome by each of the respondents. In other words, measures were taken, not only of the expectancies for control over certain outcomes but also of the desirability of there outcomes. (p.442)

In discussing their research in light of further improvements, Reid, Haas and Hawkings (1977) observed that:

> ... the relatively strong relationship found between locus of control beliefs and a common index of psychological adjustment gives credence to the central theoretical supposition that one's sense of control and effectiveness is a core component of the adjustment and well being of the elderly person. There remains the need for more research into the nature of this core component and the extent to which factors affecting personal control beliefs may be manipulated so as to facilitate adjusting to becoming older. (p.450)

The basic concept which Reid, Haas and Hawkings (1977) have isolated in their call for additional research is that further delineation is needed with respect to variables which could be contributing to the overall picture of locus of control. Thus, focus is required relative to the nature of each individual's psychological situations.

This researcher felt that this additional understanding of an individual's locus of control orientation might be gained through an analysis of two basic facts:

1. In a nursing home environment an individual's psychological situation could be affected by their 'level of isolation'. This researcher observed through formal and informal contacts (group counselling, individual counselling and informal discussion) with residents of a nursing home that those residents who had relatives and/ or friends who would visit, bring necessities or gifts or even perhaps take them home on weekends, or out shopping, seemed 'happier', more 'active', more 'content', and less complaining. On the other hand, those residents who were highly 'isolated', with few visitors and little chance to get away from the nursing home seemed to complain more about the 'home', about staff and seemed to be less 'active'.

Given the above observations of the 'psychological situation' of individuals in terms of their level of isolation or their 'quality and quantity of external contacts' this researcher posed the following question: What is the relationship between the sense of 'control' and the nature and degree of their isolation?

2. In addition to whether or not an individual has 'allies on the outside' who might indirectly or directly aid in increasing a sense of personal control one could consider how much 'say' an individual had in the initial decision to become a resident in a nursing home. Again, through observations and discussions with nursing home residents it was noted that some residents acted on their own initiative and had requested admission to the nursing home and were thankful for the placement. In addition, some residents who could have

stayed in the community with family decided in conjunction with family members to seek placement in a nursing home. While these people did not have 'all' the say in becoming a resident, they had 'some' say. It was also observed that there seemed to be a group of residents who had absolutely no 'say' or choice in the matter of becoming a resident. In fact, a number of individuals had actually been 'dumped' and 'deserted' at the front door of the nursing home by family. In addition, there were residents who required the type of nursing care provided in a nursing home and had no other alternative but to seek placement. What is the relationship between how much 'say' a resident had in the decision to be a resident in a nursing home and their sense of personal control? Would a person who was 'dumped' by their family have a lower sense of control than a person who was very 'happy' about being admitted?

Thus far, this review has considered locus of control as a theoretical concept and as a general empirical tool. The viability of utilizing the construct for research with the aged was noted. General research trends and observations were noted both for studies investigating non-institutionalzed elderly and with studies involving institutionalized elderly. This researcher considered the recommendations of Rotter (1975) and other researchers (Reid, Haas and Hawkings, 1977) with respect to general improvement to locus of control research and with specific relevance of locus of control research with elderly subjects. In addition, this researcher isolated two areas which could provide clarification and focus to the locus of control concept of the 'psychological situation', as it might apply to nursing home residents. These two areas were identified as being, firstly, the

'quality and quantity of external contacts', or the 'level of isolation', and secondly, the degree to which residents had control or 'say' in their becoming residents of a nursing home. In this present study the latter point could also be considered to have two functions. Firstly, it would provide a degree of clarity into the "psychological situation" of residents and secondly, it could act as a meaningful group determiner. This researcher observed in reviewing the literature that institutionalized elderly had been considered as a homogeneous group when in fact heterogeneous groups might exist within a nursing home. It was felt that a greater understanding of residents of a nursing home could be achieved if that group was considered to be heterogeneous. It was suggested that three possible groups might be identified; those who had 'all the say' about becoming a resident, those who had 'some say' and those who had 'no say'.

Inherent in this review was the fact that locus of control was usually paired with aspects of the general variable of adjustment. The general finding was that an internal locus of control orientation was related to positive aspects of 'adjustment'. This review now focuses on the concept of adjustment as it has been utilized in relevant locus of control research.

Adjustment

This review of the literature has previously noted that adjustment has been investigated in light of it's relationship with locus of control. This researcher will presently focus on the concept of adjustment, clarify its definition and meaning as it applies to the aged and in particular with residents in a nursing home, and consider the instrumentation which has been used for its measurement.

While it is not the purpose of this review to discuss in depth the meaning of adjustment, it can be stated that two basic ways of conceptualizing the concept exist in the previously reviewed literature.

Felton and Kahana (1974) suggested that adjustment was a "multi-dimensional" construct that could be conceptualized through the total analysis of four variables. They indicated in their study that staff-rated satisfaction, staff-rated adjustment ("defined as the extent of the residents' 'present state of adjustment to life in this home'") (p.297), Lawton's Morale Scale (Lawton, 1972), and self-rated life satisfaction all contributed to an overall picture of an individual's level of adjustment.

Adjustment was conceptualized by Wolk and Kurtz (1975) and Wolk (1976) as being based on, "the developmental tasks of the late years as suggested by Havighurst (1972)" (p.422). These developmental tasks as summarized by Wolk and Kurtz (1975) are presented hereafter:

> (a) adjustment to decreasing physical strength and health; (b) adjustment to retirement and reduced income; (c) adjustment to death of spouse; (d) establishing an explicit affiliation within one's age group; (e) adjusting and adopting social roles in a flexible way; (f) establishing satisfactory physical living arrangements; (g) establishing appropriate receiving and giving patterns of affectional relationships. (p.174)

In addition to viewing adjustment in terms of a set of developmental tasks, Wolk and Kurtz (1975) also included measures of involvement ("... to reflect more specific, day to day behavioral involvement in several physiological, social and psychological processes potentially feasible for elderly individuals" (p.174), and life satisfaction ("to assess the individual's own characterization of his present milieu, reflective of an emotional adjustment to the later years") (p.174).

Wolk (1976) viewed adjustment in terms of Havighurst's (1972) developmental tasks, life satisfaction, and in terms of self-concept and activity levels.

Reid, Haas and Hawkings (1977) viewed self-concept as a measure of adjustment. In their study, self-concept was rated, via questionnaire, by the subjects.

In the preceeding paragraphs a number of ways of conceptualizing the construct of adjustment were reviewed. In general, it appears that adjustment can be considered to be a multidimensional concept and can be measured in a variety of ways. Life satisfaction, staff-rated measures, and developmental task accomplishments presented as the usual methods of operationalizing the concept of adjustment.

In the studies which focused on nursing home populations, self-concept, staff ratings of happiness and assertiveness, life satisfaction and developmental task accomplishments presented as the measures of adjustment.

Common to the majority of studies (with institutionalized and non-institutionalized) was a positive relationship of adjustment to locus of control dimensions. Given what could be called a "choice" of instruments which could measure 'adjustment' this researcher selected two measures for use in this present research:

1. The measure based on Havighurst's (1972) developmental task accomplishments.

2. The staff rated measure of happiness and assertiveness.

In general, these measures were selected for their item relevance to a nursing home population, their conciseness and simplicity and their reported utility for research in this area. A more detailed

discussion of the rationale for instrument selection will be presented in the following chapter of this thesis.

Summary and Hypotheses

In the preceeding review of the literature, the construct of internal versus external control of reinforcement (locus of control) was considered as it has been applied relative to understanding the aged. Locus of control research was reviewed in its application to non-institutionalized and institutionalized elderly with emphasis on studies which considered nursing home populations.

It was observed in the majority of cases that institutionalized elderly were not unlike non-institutionalized elderly in that an internally perceived locus of control was positively related to various positive type characteristics such as adjustment.

It was also observed that the majority of studies did not modify their locus of control instrumentation as was recommended by Rotter (1975). These studies, however, found evidence to support the already established observation of the relationship of locus of control to indices of 'positive' behaviors without the recommended modification of their instrumentation. This researcher felt that greater insight into the relationship could be established if the recommendations for improvements were considered. The instrument developed by Reid, Haas and Hawkings (1977) was isolated for it's consideration and construction relative to the recommended modifications.

Since this present research was concerned with understanding the aged in nursing homes, observations specific to this group were outlined and discussed.

A primary observation was that a paucity of information and

empirical research exists in the area. In addition, this researcher felt that with the studies which did address the issue of understanding the aged of nursing homes in terms of locus of control and adjustment, there was a tendency to 'lump' subjects together. That is, it was felt that further delineation of the group identified as 'residents of a nursing home' could be had if that group was sub-divided relative to how much 'say' they had in becoming a resident. It was felt that this delineation would lend focus to the locus of control component of the 'psychological situation'. In addition, it was felt that the identification of the degree of isolation for each resident or quality and quantity of external contacts would further enhance an understanding of each resident's psychological situation. Given a modified locus of control instrument and a clarification of the psychological situation in terms of group delineation and level of isolation it was felt that a more specific understanding of locus of control could be gained with respect to aged residents in a nursing home.

In the review of the literature, the concept of adjustment was discussed. Various ways of conceptualizing and operationalizing adjustment were reviewed. Two instruments were identified as viable methods of understanding the aged in nursing homes.

Upon reviewing the literature there emerged four basic questions to which this project is addressed:

(1) What is the relationship between locus of control and adjustment for residents of a nursing home?

(2) What is the relationship between locus of control and how much "say" a nursing home resident had in becoming institutionalized?

(3) What is the relationship between a residents' 'degree of isolation'; or 'quality and quantity of external contacts' and their locus of control orientation?

(4) Is there a difference in locus of control orientation, and degree of adjustment between those residents who had 'all the say', 'some of the say', and 'none of the say' in their placement in a nursing home?

Stated more formally, the following six hypotheses emerge to guide the research.

The Hypotheses

The formal hypotheses for this research are:

1. There will be a significant difference in locus of control orientation between those subjects who had no say, those who had some say. and those who had all the say in coming to the nursing home.

2. There will be a significant difference in developmental task adjustment between those residents who had no say, those who had some say and those who had all the say in coming to the nursing home.

3. There will be a positive relationship between locus of control and developmental task adjustment.

4. There will be a positive relationship between locus of control and quality and quantity of external contacts.

5. There will be a positive relationship between locus of control and nurses' ratings of adjustment; happiness and assertiveness.

6. There will be a positive relationship between developmental task adjustment and quality and quantity of external contacts.

The experimental design and procedures used to test these hypotheses are described in the following chapter.

CHAPTER III

DESIGN AND PROCEDURE

Introduction

The following is an outline of the design and procedures utilized in this study. The sample is described. The instruments and measures are also overviewed. The treatment procedure and the specific data analysis used are discussed as well.

The Sample

Subjects were selected from a total of approximately 250 residents of the Good Samaritan Nursing Home (Southgate), Edmonton, Alberta. Because of the wide range of nursing care required, and the wide variety of ages of the residents, nursing staff were asked to select residents from all three floors of the institution, who met the following criteria:

1) Understands English
2) No serious visual or auditory problems
3) Some ambulation
4) Aged 65 or over
5) No previous history of institutionalization for long periods of time
6) No present psychotic diagnosis
7) Not on any psychotropic drugs or tranquillizers
8) Can read and/or write
9) Has no terminal illness such as cancer.
10) Not bedridden.

It was felt that residents who fit the criteria would be interviewable and would have a minimum of physical or emotional problems which could affect their responses. Utilizing the above criteria, 63 residents in total were selected. Of that number, two refused participation and two were transferred before testing was initiated. Four new admissions to the nursing home were screened for their

suitability and included in the sample.

In the selected sample the mean age was 83.6 years (range from 65 to 91) and the mean length of residence was approximately 26 months. Twenty-seven males and thirty-six females participated. Of the total 63 subjects included, 52 were widowed, 9 were married, and 2 were single.

Instruments

The five measures selected for use in this research are discussed in detail hereafter.

1. Locus of Control

To measure the locus of control orientation of the subjects, the locus of control instrument developed by Reid, Haas and Hawkings (1977) was used. This 14 item, Likert-type instrument measured the reinforcement value and expectancy for control. The authors report their instrument to be a valid measure of locus of control. Reliability data was not available. In order to establish the reliability of this instrument, this researcher conducted a test-retest procedure with 20 subjects over a 3 to 5 week interval. The test-retest yielded a correlation coefficient of .89.

The total locus of control score was calculated by summing the cross-products of 7 reinforcement items and the 7 expectancy for control items.

In the administration of the instrument, subjects were given the choice of having a copy of the 'questionnaire' to read along with the researcher. Care was taken to have all instruments and measures printed in large elementary type script. The instrument can be found in Appendix A.

2. Adjustment

Adjustment was measured using a questionnaire developed by Wolk and Kurtz (1975). This 14 item yes/no questionnaire was based on the developmental tasks of the late years as put forward by Havighurst (1972). Wolk and Kurtz (1975) indicated that, "These items reflected both attitudinal and behavioral translations of these tasks" (p.174).

A summary of the developmental tasks was outlined in the previous chapter. However, for the sake of continuity they are outlined again hereafter:

> The developmental tasks for which there are 2 items each are as follows: (a) adjustment to decreasing physical strength and health; (b) adjustment to retirement and reduced income; (c) adjustment to death of spouse; (d) establishing an explicit affiliation within one's age group; (e) adjusting and adopting social roles in a flexible way; (f) establishing satisfactory physical living arrangements; and (g) establishing appropriate receiving and giving patterns of affective relationships. The total score (0-14) reflected the degree to which an individual manifested successful accomplishment of these basic tasks. (Items 1,5,7,8,10 and 14 were scored from a negative direction, that is, disagreement earned 1 point; all other items were scored in a positive directly.) (Wolk and Kurtz, 1975, p.174)

The authors reported that their measure of adjustment was adequate for use in research with the aged. This instrument was utilized in this present research because of its item relevance, simplicity of response, and ease of administration.

A copy of the Adjustment questionnaire can be found in Appendix B.

3. Quality and Quantity of External Contacts

The measure of what is termed the Quality and Quantity of External Contacts is an estimate of a subject's frequency and nature

of contacts with friends, relatives or other persons not affiliated with the nursing home.

The quantity of external contacts was estimated by asking two questions.

- Do you have friends or relatives that come to visit you? Yes/No.
- How often do you get visitors?
  0/day, ___/day, ___/week, ___/month, ___/year

Frequency of visits was calculated per month.

The quality of external contact was estimated by asking three questions:

- Can you ask friends or family to bring you things you need? Yes/No.
- Do friends or family bring you things without having to ask them to?
  Yes/No
- Do your friends or family:
  - take you home on weekends?
  - on outings?
  - out shopping?
  - other?

These three questions were posed to gain some understanding as to the nature of the relationships which could exist between the resident and those "on the outside".

The total score for an estimate of resident's quality and quantity of external contacts was determined by summing yes responses to all questions and adding this to the frequency of visitors per month. A copy of this measure can be found in Appendix C.

4. Nurses' Rating of Adjustment

A measure of adjustment was obtained by using the four item, 7-point semantic differential form employed by Reid, Haas and Hawkings (1977). Nurses completed this adjustment rating measure for each of the

subjects. This measure can be found in Appendix D.

In addition to the locus of control instrument, the adjustment questionnaire, the measure of quality and quantity of external contacts, and the nurses' rating of adjustment, demographic data and group determining data were collected. The demographic data solicited included: age, sex, marital status and length of residence. This data has previously been described under the heading of The Sample, in this chapter.

Group Determination

Three groups were identified: those who perceived they had all the say (N=24); those who perceived they had some say (N=20); and those who perceived they had no say (N=19) regarding their own admission to the nursing home.

In working with older people it has been found that it is often necessary to "double check" responses in order to ensure clarity and understanding. Therefore, four questions were designed which would help ensure the understanding of subject's responses regarding how much say they perceived they had in becoming residents. The four questions which served as checks were:

- Did you request to become a resident in this nursing home?
  Yes/No
- Did your family urge you to become a resident?
  Yes/No
- Were you forced to become a resident?
  Yes/No
- If you could leave this nursing home, would you?
  Yes/No

After these questions were asked, residents were then asked

whether they had no say, some say or all the say about coming into the nursing home. Group determination was made on these responses. These questions and demographic data questions are found in Appendix E.

In summary, an overview has been provided of the sample, the instruments, and the method of determining group membership.

Data Analysis and Testing the Hypotheses

Three groupings of subjects were made, derived from the degree of personal involvement or "say" the individual had in becoming a nursing home resident. That is, there was a No Say group, a Some Say group, and an All Say group. A series of one-way analysis of variance were used to determine if differences between groups existed in locus of control and developmental task adjustment.

The analysis of variance was used in conjunction with the Scheffe Pairwise Contrast of Means Test to determine where differences exist. With this statistic, the criterion significance was set at .10 (e.g, See Ferguson, 1976, p.297). For all other statistics the acceptable signifiance level was set at .05.

To determine the relationships between locus of control and developmental task adjustment, locus of control and quality and quantity of external contacts, locus of control and nurses' ratings of adjustment (happiness and assertiveness), and developmental task adjustment and quality and quantity of external contacts, a correlation matrix was derived.

The following chapter describes the results of this research.

CHAPTER IV

RESULTS

Introduction

The purpose of this study was to determine if three identified groups of residents (those who had no say, some say and all say) were different in their locus of control orientation and their levels of adjustment. In addition, this study examined the relationships between:

a) locus of control and developmental task adjustment

b) locus of control and quality and quantity of external contacts

c) locus of control and two staff rated measures of adjustment; happiness and assertiveness.

d) developmental task adjustment and quality and quantity of external contacts.

Hereafter, each hypothesis is restated followed by the results of the statistical analysis for the hypothesis.

Hypothesis 1

It was expected that there would be a significant difference in locus of control orientation between those residents who had no say, those who had some say, and those who had all the say regarding admission to the nursing home.

Scores for the three groups (No say, Some say, and All say) on the locus of control measure were subjected to an analysis of variance to test the above hypothesis. The results of the analysis of variance appear in Table 1.

Table 1

Analysis of Variance for All Three Groups on Locus of Control

	SS	MS	df	F	P
Groups	.136	6846.25	2	34.23	0.000
Error	.120	200.01	60		

It would appear that there are differences between the groups, therefore a Scheffe Pairwise Contrast of Means Test was performed, the results of which are depicted in Table II hereafter.

Table II

Scheffe Pairwise Contrasts of Means on The Locus of Control Measure for All Three Groups

Group	Mean Diff. Sqd.	Standard Error	df1	df2	F	P
No Say-Some Say	243.524	41.055	2	60	5.93	0.004
No Say-All Say	1267.735	37.722	2	60	33.61	0.000
Some Say-All Say	400.000	26.669	2	60	10.91	0.000

As can be seen from inspection of Table II a difference exists between the No Say group and the All Say group.

Conclusion

The hypothesis is supported; there is a difference between the index free groups based on locus of control orientation.

Hypothesis 2

It was expected that there would be a difference in adjustment between those residents who had nb say, those who had some say, and those who had all the say regarding admission to the nursing home.

Scores for the three groups (No say, Some say, and All say) on the developmental task adjustment measure were subjected to an analysis of variance to test the above hypothesis. The results of the analysis of variance appear below in Table III.

Table III

Analysis of Variance for All Three Groups on Developmental Task Adjustment

	SS	MS	df	F	P
Groups	0.1752	87.61	2	19.81	0.000
Error	0.2653	4.42	60		

It would appear that there are differences between the groups, therefore, a Scheffe Pairwise Contrast of Means Test was performed, the results of which are depicted in Table IV.

Table IV

Scheffe Pairwise Contrasts of Means on Developmental Task Adjustment Measure for All Three Groups

Group	Mean Diff. Sdq.	Standard Error	df_1	df_2	F	P
No say-Some Say	4.053	0.908	2	60	4.46	0.016
No Say-All Say	16.442	0.834	2	60	19.71	0.000
Some Say-All Say	4.168	0.811	2	60	5.14	0.009

As can be seen from inspection of Table IV a difference exists between all the groups.

Conclusion

The hypothesis is supported; there is a difference between admission groups on adjustment scores.

Hypothesis 3

It was expected that there would be a positive relationship between locus of control and developmental task adjustment. Correlations were calculated for the above variables (Table V). Inspection of Table V shows a correlation of .747 ($p < .001$) between locus of control and developmental task adjustment.

Conclusion

The hypothesis is supported; the more internal the locus of control orientation the greater the level of adjustment.

Table V

Correlation Matrix Involving Locus of Control, Developmental Task Adjustment, Nurses' Rating of Subjects' Happiness and Assertiveness, and Quality and Quantity of External Contacts

	Locus of Control	Developmental Task Adjustment	Happiness	Assertiveness	Quality and Quantity of External Contacts
Locus of Control					
Developmental Task Adjustment	.747**				
Happiness	-.008	-.084			
Assertiveness	.276*	.185	.541**		
Quality and Quantity of External Contact	.572**	.501**	.005	.097	

* $p < .05$
** $p < .001$

Hypothesis 4

Locus of control was expected to be positively related to the quality and quantity of external contacts. Table V shows a correlation of .572 ($p < .001$) between these variables.

Conclusion

The hypothesis is supported; locus of control orientation is related to the quality and quantity of external contacts.

Hypothesis 5

It was expected that locus of control orientation would be positively related to nurses' ratings of resident happiness and assertiveness. Inspection o- Table V shows a correlation of -.008 between locus of control and happiness and a correlation of .276 ($p < .05$) between locus of control and assertiveness.

Conclusion

Only the correlation between locus of control and assertiveness reached the desired level of statistical significance. That is, only assertiveness appears to be significantly related to a person's perceived locus of control. The relative happiness of the person does not seem related.

Hypothesis 6

It was expected that developmental task adjustment would be positively related to the quality and quantity of external contacts. Table V shows a correlation of .501 ($p < .001$) between these variables.

Conclusion

The hypothesis is supported; the greater the quality and quantity of external contacts the more likely a resident will be adjusted.

In the preceeding paragraphs of this chapter the testing of the hypothesis was presented. The statistical analysis applied and the results of the statistical tests were described. Support was found for Hypothesis 1 (differences between groups on locus of control), Hypothesis 2 (differences between groups on developmental task adjustment), Hypothesis 3 (the relationship between locus of control and developmental task adjustment) and Hypothesis 6 (the relationship between developmental task adjustment and quality and quantity of external contacts). Hypothesis 4 (the relationship between locus of control and quality and quantity of external contacts) and Hypothesis 5 (the relationship between locus of control and nurses' ratings of happiness and assertiveness) did not find support from the statistical analysis. The following chapter will discuss the results of this research and outline relevant and practical implications.

CHAPTER V

DISCUSSION AND IMPLICATIONS

Introduction

The purpose of this chapter is threefold. That is, the significance of this study as it relates to previous lines of theory and research is presented. Thereafter, the relevance of the present research to future research is outlined. Finally, the practical implications of the study are discussed.

Discussion

> As people enter post-retirement years, they experience changes both physically and socially which may make it more difficult to adjust to everyday living. A common effect of all these changes may be to reduce the person's sense of being in control of matters of personal importance.
>
> Reid, Haas and Hawkings, 1977, p.450

That very sense of control and level of adjustment of elderly citizens in a nursing home, has been the central focus of this research. Internal versus external control of reinforcement (locus of control) and developmental task adjustment were the major vehicles through which the investigation proceding. The study represents an attempt to add understanding of the psychological situation of the elderly in a nursing home. Two possible contributing factors to the psychological situation were identified and investigated, how much "say", residents felt they had in coming to the nursing home and their quality and quantity of external contacts.

Rotter (1975) stated that:

> Psychological situations determine both expectancies and reinforcement values,

> consequently, they affect behavior potential. (p. 52)

Previous research with locus of control and adjustment measures viewed the elderly in homes for the aged as a homogeneous group. This research showed that a greater understanding of this group could be had if the group was viewed as being heterogeneous with respect to how much say they had in coming into the nursing home. Three groups were identified and compared on measures of locus of control and developmental task adjustment. In both instances, differences were observed between groups. These results serve to emphasize the saliency of residents' perceived rationale for being in a nursing home in its relationship to their overall perception of control and adjustment.

In investigating quality and quantity of external contacts as a possible contributing factor to the psychological situation it was found that locus of control was significantly related to quality and wuantity of external contacts. Quality and quantity of external contacts was also significantly related to developmental task adjustment. It may be that having friends or family who can visit and provide support is a salient contributing factor which may influence a person's sense of control. In addition, positive relationships with family or friends may significantly contribute to adjustment.

The results of the present research, support the arguments and the conclusions of other researchers (Wolk, 1976; Wolk and Kurtz, 1975; Kuypers, 1972). It was found herein that locus of control was related to developmental task adjustment.

It was observed in this research that locus of control was not related to the nurses' rating of residents' happiness, but was related to the nurses' rating of the residents' assertiveness. Thus, it would appear that an internal locus of control, that is, a sense of control of one's own destiny to some extent promotes confidence enough to be assertive. On the other hand, the happiness dimension may be more complexely tied to the elderly persons whole personality.

The preceding paragraphs have outlined interpretations of the results of this study. The implications of this research for future research will now be discussed.

Investigation of aspects of the psychological situation component of social learning theory and locus of control has proven to be informative. It is the opinion of this researcher that investigating aspects of the psychological situation as it relates to locus of control variables is useful in the overall issue of understanding the elderly resident of a nursing home. Other factors of the psychological situation might be investigated in future research which could bring additional clarity to understanding the issues. Staff-resident interaction, resident input into administrative issues and issues concerning the quality and quantity of leisure activities might prove to be fruitful areas for investigation. In addition, investigation into economic issues such as pension benefits, and resident income as related to locus of control might be important. Sexual views and activity, religious beliefs and the actual physical structure of the institution might have some significant relationship to the residents' perception of control.

Research could also be directed towards the relationship between locus of control and learned helplessness (Seligman, 1975). Hiroto

(cited in Seligman, 1975) found that externals became more helpless than internals in experimental conditions. Helplessness, as defined by Seligman (1975) occurs when a loss of control over reinforcements is perceived. That is, when outcomes are perceived to occur independently, of voluntary responses. Helplessness has been correlated with aspects of depression, and maladjustment (Seligman, 1975). With respect to this present research, for example, one might predict that the No Say group would evidence characteristics of helplessness.

Future research might be addressed to the above mentioned issues in an attempt to understand our elderly citizens. Such continued research will be welcome in light of the paucity of existing information.

Practical Implications

The existence of a relatively strong relationship between locus of control and adjustment, and the relationship of these variables to issues of control over admission and quality and quantity of external contacts can be useful to the counsellor or clinicians working in a nursing home setting. The instrumentation and measures utilized in this study could be used as initial screening devices upon a resident's admission to investigate expectancies for control of practical issues which the resident will undoubtably face. The items themselves could serve as relevant points of discussion. A knowledge of the reinforcement value of the items could help counsellors understand what types of issues are important for a resident.

The identification of a residents' degree of say regarding admission is a point which could be useful in predicting adjustment to the institutional setting as well as giving clues to a residents'

perceived control over their lives. The identification of the relationship of quality and quantity of external contacts to adjustment could prove useful in counselling families as to a resident's needs.

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APPENDICES

APPENDIX A

LOCUS OF CONTROL
REINFORCEMENT VALUE ITEMS
& EXPECTANCY FOR CONTROL ITEMS

APPENDIX A

REINFORCEMENT VALUE ITEMS

SET ONE: INTERESTS AND/OR DESIRES

1. HOW IMPORTANT OR DESIRABLE IS IT FOR YOU TO RECEIVE REGULAR VISITS FROM YOUR FRIENDS OR RELATIVES?

NOT DESIRABLE	SOMEWHAT DESIRABLE	GENERALLY DESIRABLE	VERY DESIRABLE
NOT IMPORTANT	SOMEWHAT IMPORTANT	GENERALLY IMPORTANT	VERY IMPORTANT
1	2	3	4

2. HOW IMPORTANT OR DESIRABLE IS IT FOR YOU TO DECIDE ON YOUR OWN WHAT YOUR DAILY ACTIVITIES ARE GOING TO BE?

1 2 3 4

3. HOW IMPORTANT IS IT FOR YOU TO BE ABLE TO PLACE YOUR POSSESSIONS WHERE YOU WANT TO PLACE THEM?

1 2 3 4

4. HOW IMPORTANT IS IT FOR YOU TO RECEIVE ATTENTION OR RECOGNITION FROM THOSE AROUND YOU?

1 2 3 4

5. HOW IMPORTANT IS IT FOR YOU THAT YOUR DOCTOR COMES TO SEE YOU WHEN YOU ASK FOR HIM?

1 2 3 4

6. HOW IMPORTANT IS IT FOR YOU TO BE ABLE TO FIND PRIVACY FROM OTHERS?

1 2 3 4

7. HOW IMPORTANT OR DESIRABLE IS IT FOR YOU TO BE WITH YOUR FRIENDS (WHO LIVE AT GOOD SAMARITAN SOUTHGATE) WHENEVER YOU WANT TO BE?

1 2 3 4

EXPECTANCY FOR CONTROL ITEMS

SET TWO: EXPECTANCIES

1. TO WHAT EXTENT CAN YOU YOURSELF CAUSE FRIENDS OR RELATIVES TO COME AND VISIT REGULARLY?

I CANNOT CAUSE	I CAN CAUSE SOMEWHAT	I CAN CAUSE QUITE ABIT	I CAN CAUSE A GREAT DEAL
1	2	3	4

2. HOW OFTEN CAN YOU YOURSELF DECIDE WHAT YOUR DAILY ACTIVITIES ARE GOING TO BE?

NEVER	SOMETIMES	QUITE OFTEN	ALWAYS
1	2	3	4

3. I AM ALWAYS ABLE TO PLACE MY POSSESSIONS WHERE I WANT TO PLACE THEM.

DISAGREE	AGREE SOMEWHAT	AGREE	AGREE STRONGLY
1	2	3	4

4. HOW OFTEN CAN YOU YOURSELF ACQUIRE ATTENTION FROM THOSE AROUND YOU?

NEVER	SOMETIMES	QUITE OFTEN	ALWAYS
1	2	3	4

5. TO WHAT EXTENT DO YOU THINK YOU CAN CAUSE YOUR DOCTOR TO COME AND SEE YOU WHENEVER YOU ASK FOR HIM?

I CANNOT CAUSE	I CAN CAUSE SOMEWHAT	I CAN CAUSE QUITE ABIT	I CAN CAUSE A GREAT DEAL
1	2	3	4

6. HOW OFTEN CAN YOU GIVE YOURSELF PRIVACY WHEN YOU WANT IT?

NEVER	SOMETIMES	QUITE OFTEN	ALWAYS
1	2	3	4

7. HOW OFTEN CAN YOU BE WITH YOUR FRIENDS WHO LIVE AT THE SOUTHGATE NURSING HOME?

NEVER	SOMETIMES	QUITE OFTEN	ALWAYS
1	2	3	4

APPENDIX B

DEVELOPMENTAL TASK ADJUSTMENT

APPENDIX B

DEVELOPMENTAL TASK ADJUSTMENT

PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS

1. REDUCED STRENGTH KEEPS ME FROM DOING THE THINGS I NEED TO DO. YES/NO

2. I MANAGE TO LIVE A GOOD LIFE EVEN IN REDUCED HEALTH. YES/NO

3. I MANAGE TO LIVE A GOOD LIFE EVEN WITH LIMITED INCOME. YES/NO

4. RETIREMENT IS AS WORTHWHILE AS WORK. YES/NO

5. I FIND IT (OR WOULD FINT IT) DIFFICULT TO LIVE AT HOME. YES/NO

6. A SURVIVING HUSBAND OR WIFE CAN LEARN TO GET ALONG. YES/NO

7. I AVOID BEING WITH OLD PEOPLE. YES/NO

8. MAKING NEW FRIENDS IS HARD FOR ME. YES/NO

9. I STILL DO MANY WORTHWHILE THINGS. YES/NO

10. YOUNGER PEOPLE CAN DO MOST THINGS BETTER THAN OLDER PEOPLE. YES/NO

11. MY LIVING ARRANGEMENTS SUIT ME FINE. YES/NO

12. I WOULD BE SATISFIED ONLY LIVING IN MY OWN HOUSEHOLD. YES/NO

13. FAMILY AND FRIENDS HELP WHEN I HAVE TROUBLES. YES/NO

14. I COULD ACCEPT BEING DEPENDANT ON MY CHILDREN OR OTHERS. YES/NO

RESIDENTS NAME: _____

APPENDIX C

QUALITY AND QUANTITY OF EXTERNAL CONTACTS

APPENDIX C

QUALITY AND QUANTITY OF EXTERNAL CONTACTS

RESIDENTS NAME: _____

1. DO YOU HAVE FRIENDS OR FAMILY THAT COME TO VISIT YOU? YES/NO

2. HOW OFTEN DO YOU GET VISITORS?

   O/DAY, ___/DAY, ___/WEEK, ___/MONTH ___/YEAR

3. CAN YOU ASK FRIENDS OR FAMILY TO BRING YOU THE THINGS YOU NEED? YES/NO

4. DO YOUR FRIENDS OR FAMILY BRING YOU THINGS YOU NEED WITHOUT HAVING TO ASK THEM TO? YES/NO

5. DO YOUR FRIENDS OR FAMILY:

   TAKE YOU HOME ON WEEKENDS?
   ON OUTINGS?
   OUT SHOPPING?
   OTHER? _____

APPENDIX D

NURSES' RATING OF ADJUSTMENT

APPENDIX D

NURSES' RATING OF ADJUSTMENT

RESIDENTS NAME: _____ AGE _____

1. Indecisive / __/ __/ __/ __/ __/ __/ __/ Decisive

2. Happy/ __/ __/ __/ __/ __/ __/ __/ Unhappy

3. Dependent/ __/ __/ __/ __/ __/ __/ __/ Independent

4. Unfriendly/ __/ __/ __/ __/ __/ __/ __/ Friendly

APPENDIX E

GROUP DETERMINATION AND DEMOGRAPHIC DATA

APPENDIX E

GROUP DETERMINATION AND DEMOGRAPHIC DATA

RESIDENTS NAME: _____

FLOOR: _____

1. DID YOU REQUEST TO BECOME A RESIDENT IN THIS NURSING HOME? YES/NO

2. DID YOUR FAMILY URGE YOU TO BECOME A RESIDENT? YES/NO

3. HOW MUCH SAY DID YOU HAVE IN BECOMING A RESIDENT?

   NONE _____ SOME _____ ALL _____

4. WERE YOU FORCED TO BECOME A RESIDENT? YES/NO

5. IF YOU COULD LEAVE THIS NURSING HOME WOULD YOU? YES/NO

6. AGE: _____

7. SEX: _____

8. MARITAL STATUS: _____

9. HOW LONG HAVE YOU BEEN IN THE GOOD SAMARITAN NURSING HOME? _____